



Name: _____ Date: _____

Dept/Div: _____

1. Which type of vehicle do you drive? ☐ Private ☐ City

2. How is this vehicle used? ☐ Commuting to and from work

- City business

☐ Both

3. If the vehicle is used for City business, please respond to the following:

A) If the use is daily, indicate how many trips per day: _____

B) If the use is occasional, indicate how many trips per week: _____

4. Which of the following eligibility criteria do you meet:

- ☐ Daily trips during normal work hours in my private vehicle.
- ☐ Stationed to work at a site away from City Hall, but required to make trips to City Hall in my private vehicle to conduct City business.
- ☐ Requesting a parking spot for which I will pay a market rate monthly fee.

5. Requested Parking Location: _____

(Information about parking locations is available by calling 730-5430)

6. If requesting a permit for City Hall, explain in general terms the City purpose of your trips, the frequency, and the length of time you anticipate parking in this lot:

Employee Signature: _____ Date: _____

Recommend Approval: _____

Department/Division Head

Date _____

Manager of Maintenance Operations

Date

| Approved | Not Approved |
|--|--|
| <p>1. <i>Staphylococcus aureus</i></p> <p>2. <i>Escherichia coli</i></p> <p>3. <i>Salmonella enterica</i></p> <p>4. <i>Streptococcus pneumoniae</i></p> <p>5. <i>Haemophilus influenzae</i></p> <p>6. <i>Neisseria meningitidis</i></p> <p>7. <i>Listeria monocytogenes</i></p> <p>8. <i>Campylobacter jejuni</i></p> <p>9. <i>Shigella flexneri</i></p> <p>10. <i>Yersinia enterocolitica</i></p> | <p>1. <i>Mycobacterium tuberculosis</i></p> <p>2. <i>Coccidioides immitis</i></p> <p>3. <i>Histoplasma capsulatum</i></p> <p>4. <i>Blastomyces dermatitidis</i></p> <p>5. <i>Cryptosporidium parvum</i></p> <p>6. <i>Toxoplasma gondii</i></p> <p>7. <i>Leishmania donovani</i></p> <p>8. <i>Trypanosoma brucei</i></p> <p>9. <i>Plasmodium falciparum</i></p> <p>10. <i>Giardia lamblia</i></p> |